



Nebraska Commission for the Deaf and Hard of Hearing  
Lions Hearing Aid Bank Application



**I. PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name First Name Middle Name Male/Female

\_\_\_\_\_  
Street Address Apt. # Mailing Address

\_\_\_\_\_  
City State Zip Code County

\_\_\_\_\_  
Social Security Number Birth Date Telephone Number

\_\_\_\_\_  
E-Mail Address

**II. INCOME INFORMATION**

A. Monthly Income (Wages, Social Security, Benefits, Interest):

\$\_\_\_\_\_ per month

B. Current amount in savings: \$\_\_\_\_\_

C. Any Other Holdings:

Certificate of Deposit \$\_\_\_\_\_

Stocks/Bonds/Other \$\_\_\_\_\_

D. Please check if you receive income from any of these sources:

\_\_\_\_\_ Full or Part-Time employment

\_\_\_\_\_ Social Security (SSI, SSDI)

\_\_\_\_\_ Welfare Benefits (ADS, Unemployment, Medicaid)

\_\_\_\_\_ Alimony, Child Support

\_\_\_\_\_ Veteran's Benefits

\_\_\_\_\_ Other \_\_\_\_\_

**III. FAMILY INFORMATION**

\_\_\_\_\_ Live Alone

\_\_\_\_\_ Live with Family Member

\_\_\_\_\_ Live in a Nursing Home

\_\_\_\_\_ Live with Husband/Wife-Spouse's Monthly Income \$\_\_\_\_\_

\_\_\_\_\_ Number of Dependents – Please list ages: \_\_\_\_\_

#### IV. EXPENSE INFORMATION

\$ \_\_\_\_\_ Rent/House Payment per month  
\$ \_\_\_\_\_ Utilities per month  
\$ \_\_\_\_\_ Transportations per month  
\$ \_\_\_\_\_ **Medical Expenses - Please Explain:**

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V. Please feel free to list any other information you feel would be helpful to understand your financial situation and to make a better decision about your eligibility. Have you applied for any other financial assistance? If so, with who and what was the outcome?

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Do you currently wear hearing aids? ☐ Yes ☐ No  
Have you applied to Lions before? ☐ Yes ☐ No When? \_\_\_\_\_

I certify that the above information is accurate:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date Application Signed*

**Please return this form including the Citizenship Attestation Form to:**

Janet Killam  
Nebraska Commission for the Deaf and Hard of Hearing  
1313 Farnam  
Omaha NE 68102  
Toll Free - 1-800-545-6244 v/tty  
Fax – (402) 742-2357  
E-Mail – [ncdhh@nebraska.gov](mailto:ncdhh@nebraska.gov)

*Please be sure to complete ALL 3 pages of the form – Thank you!*

# United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐

I am a citizen of the United States.

— OR —

☐

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: \_\_\_\_\_, and I agree to provide a copy of my USCIS documentation upon request.

**I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.**

**PRINT NAME**

\_\_\_\_\_  
(first, middle, last)

**SIGNATURE**

**DATE**

\_\_\_\_\_